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Facsimile Transmittal

DATE: January 14, 2005
TO: USPTO
ATTN: EXAMINER Douglas J. Meislahn
RE: Serial No. 09/468,557
FAX : 703-872-9306
FROM: Kyong H. Macek, Reg. No. 42,106

Number of Pages Sent: 8(including this transmittal cover sheet)

ATTACHED HERETO IS AN AMENDMENT IN (5) PAGES;
SUPPLEMENTAL DECLARATION /POA IN ONE (1) SHEET AND ONE
(1) PAGE TRANSMITTAL. PLEASE CALL ME IF YOU HAVE ANY
QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (703) 872-9306. Attention Office of Amendments, on:

January 14, 2005(Date of Deposit)

Ann Andrews

(Name of the Person Making the Deposit)

(Signature)

Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 990485
In Re Application of: Rose et al.
Serial Number: 09/468,557
Filed: December 21, 1999
Examiner: Douglas J. Meislahn
Group Art Unit: 2137RECEIVED
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JAN 14 2005

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entry Fee	Fee Paid
Total*	3	20		x \$50 =	\$
Independent**	3	4		x \$200 =	\$
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$
EXTENSION FEES				<input type="checkbox"/> One Month	\$120
				<input type="checkbox"/> Two Months	\$450
				<input checked="" type="checkbox"/> Three Months	\$1020
TERMINAL DISCLAIMER				\$130	\$
				TOTAL FEE	\$1020

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Supplemental Combined Declaration/Power of Attorney document in 1 page.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$1020.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: January 14, 2005

Signature: Kyong H. Macek, Reg. No. 42,977
Phone No. 858-651-5797QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: January 14, 2005

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- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Ann Andrews
(type or print name)Signature: 

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T-843 P.003/002 F-793

JAN 14 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of)	
)	
Rose et al.)	For: METHOD OF AUTHENTICATING
)	ANONYMOUS USERS WHILE
)	REDUCING POTENTIAL
Serial No. 09/468,557)	"MIDDLEMAN" FRAUD
)	
Filed: December 21, 1999)	Group No. 2137

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated July 14, 2004, the time for responding having been extended until January 14, 2005, please amend the above-identified application as follows:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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Depositor's Name: _____
(type or print name)

Date: January 14, 2005

FACSIMILE

☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Ann Andrews
(type or print name)

Signature: 